

85281.

Tempe Fire Medical Rescue Department Fire Prevention Division Fire Inspection Request Form



Arizona Department of Health Services required Fire Inspections for Group I, R-3, R-4 occupancies, daycares and medical offices shall be requested by submitting this application and the associated inspection fee 10 days prior to the anticipated inspection date. An Inspector will contact the applicant once the application has been received.

Fire Inspection Request Form

Business Name				
Address	City	State	Zip	
Contact Name	Office #	Co	ell#	
Email	Requested Inspect	Requested Inspection Date/Time		
<u>Occup</u>	ancy Classification and	Inspection Fe	<u>ee</u>	
living facilities, halfway hous facilities, alcohol and drug ab	ial care facilities, alcohol and ses, group homes, congregate ouse treatment centers, convalons, hospitals, nursing facilities	care facilities, so escent facilities,	ocial rehabilitation directed care service	
living facilities, halfway hous	ey - \$150.00 ial care facilities, alcohol and ses, group homes, congregate ouse treatment centers, conval-	care facilities, so	ocial rehabilitation	
•	hildren, older than 2 1/2 years services for less than 24 hours	•	ive educational,	
Medical Offices - \$100. Urgent care, outpatient surge by the Department of Health	ry, doctors, phycologist, coun	seling and simil	ar facilities regulated	
-	tion request form and inspect pistration Office located at 1		•	